

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Providers
Managed Care Plans

Memorandum No: 03-98 MAA
Issued: December 29, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Family Planning Clinics - Year 2004 Changes and Additions to CPT™ and HCPCS codes

Effective for dates of service on and after January 1, 2004, the Medical Assistance Administration (MAA) will begin using the Year 2004 CPT™ and HCPCS* Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2004 additions are also included.

Overview

All procedure code maximum allowable fees that are not listed in this memorandum remain at the July 1, 2003 level. **Do not use** CPT and HCPCS codes that are deleted in the “Year 2004 CPT” book and the “Year 2004 HCPCS” book for dates of service after December 31, 2003.



Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, MAA publishes only the official brief descriptions for all procedure codes. Please refer to your current CPT book for full descriptions.

Maximum Allowable Fees

MAA used the following resources in determining the maximum allowable fees for the Year 2004 additions:

- Year 2004 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units; and
- Current conversion factors.

* CPT stands for Current Procedural Terminology
HCPCS stands for Health Care Financing Administration's Common Procedure Coding System

Coding Changes

The following HCPCS code has been established for the contraceptive NuvaRing[®]:

HCPCS Code	Brief Description	1/1/04 Maximum Allowable Fee
J7303	Contraceptive supply, hormone containing vaginal ring, each	\$40.19

Injectable Drug Updates



Note: Please do not send an invoice for the cost of acquiring any drug products (including drugs billed using unlisted drug code J3490) unless requested by MAA.

Injectable Drug Maximum Allowable Fee Changes

MAA has updated its injectable drug pricing for several drugs. These updates will be posted quarterly to MAA's website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules). Only those drugs with price changes will be posted quarterly. All other drugs remain at MAA's last published price.

Contraceptive Price Updates

MAA has updated the maximum allowable fee for the following contraceptives:

Procedure Code	Brief Description	1/1/04 Maximum Allowable Fee	
		NFS	FS
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. <i>One allowed in a 5-year period.</i>	\$436.45	\$436.45
J1055	Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed one every 67 days.</i>	49.71	49.71
J7300	Intrauterine copper device (Paragard)	295.84	295.84
J7302	Levonorgestrel-releasing IUD (Mirena)	390.23	390.23
S4989	Intrauterine device (non-copper) (Progestasert)	112.39	112.39

Documentation Requirements for Unlisted Drug Code

Retroactive to dates of service on and after July 1, 2003, providers who bill MAA using unlisted drug HCPCS code J3490 must list the following on the claim form:

- The 11-digit National Drug Code (NDC) of each drug administered; and
- The dose of the drug administered.



Note: MAA no longer requires the name and strength of the drug be listed on the claim form when billing unlisted drug HCPCS code J3490.

Listing NDC and Dosage Information on Different Claim Formats When Billing Unlisted Drug HCPCS Code J3490



Note: MAA still requires providers to list the NDC for all drugs administered in the provider's office. Drugs include any contraceptive supplies with an 11-digit NDC such as an IUD. Please refer to **Numbered Memorandum 03-59 MAA** for more detailed instructions.

For HIPAA-compliant electronic billing using an 837P claim form:

- List the NDC in DRUG IDENTIFICATION Loop 2410, LIN02 and LIN03.
- List the dosage of the drug given to the client in the “Comments” section.

For electronic billing using a HCFA-1500 claim form:

Put the NDC and the dosage of the drug given to the client in the “Comments” section of the HCFA-1500 claim form **exactly** as shown below:

Comments:

00169706101 Line 2 (150 mg) / 00009737602 Line 3 (1 each)

For paper billing using a HCFA-1500 claim form:

Put the NDC and the dosage of the drug given to the client in field 19 of the HCFA-1500 claim form **exactly** as shown below:

Box 19:

00169706101 Line 2 (150 mg) / 00009737602 Line 3 (1 each)

Attached are replacement pages E.1, E.2, and E.7 for MAA's Family Planning Services and Family Planning Only Program Billing Instructions, dated July 2003.

To obtain this document electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Fee Schedule

OFFICE VISITS

Procedure Code	Brief Description	1/1/04 Maximum Allowable Fee	
		NFS	FS
99201	Office/outpatient visit, new	\$23.75	\$15.50
99202	Office/outpatient visit, new	42.25	30.75
99203	Office/outpatient visit, new	62.50	47.00
99204	Office/outpatient visit, new	89.00	69.50
99205	Office/outpatient visit, new	113.50	92.50
99211	Office/outpatient visit, est	14.00	6.00
99212	Office/outpatient visit, est	24.75	15.50
99213	Office/outpatient visit, est	34.50	23.25
99214	Office/outpatient visit, est	54.00	38.00
99215	Office/outpatient visit, est	79.00	61.25

PRESCRIPTION BIRTH CONTROL METHODS

Procedure Code	Brief Description	1/1/04	
		Maximum Allowable Fee NFS	Maximum Allowable Fee FS
Oral Contraceptives			
S4993	Contraceptive pills for birth control	\$17.00	\$17.00
J3490*	Unclassified Drugs (Use for: <ul style="list-style-type: none">Emergency Contraception Pills including Preven and Plan B; andSeasonale)	Acquisition Cost	Acquisition Cost
Cervical Cap/Diaphragm			
A4261	Cervical cap for contraceptive use	47.00	47.00
A4266	Diaphragm	45.00	45.00
57170	Fitting of diaphragm/cap	53.92	29.80
Implant			
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. <i>One allowed in a 5-year period.</i>	436.45	436.45
11975	Insert contraceptive capsule	93.67	93.67
11976	Removal of contraceptive capsule	119.95	119.95
11977	Removal/insert contra capsule	213.62	213.62

*Claims billed with unlisted drug code J3490 must include the NDC and dose in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

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**Family Planning Services and
Family Planning Only Program**

Procedure Code	Brief Description	1/1/04	
		Maximum Allowable Fee NFS	Maximum Allowable Fee FS
Injectables			
J1055	Medroxyprogesterone acetate inj (Depo-Provera). <i>Allowed one every 67 days.</i>	\$49.71	\$49.71
90782	Injection, subcutaneous/intramuscular <i>May be billed when the contraceptive injection is the only service performed.</i>	2.73	2.73
Intrauterine Devices (IUD)			
J7300	Intrauterine copper device (Paragard)	295.84	295.84
J7302	Levonorgestrel-releasing IUD (Mirena)	390.23	390.23
S4989	Intrauterine device (non-copper) (Progestasert)	112.39	112.39
58300	Insertion of IUD	57.56	33.44
58301	Removal of IUD	66.43	42.32
Miscellaneous Contraceptives			
J3490*	Drugs Unclassified Injection (Use for Ortho-Evra contraceptive patch, each)	Acquisition Cost	Acquisition Cost
J3490*	Drugs Unclassified Injection (Use for NuvaRing contraceptive ring, each, for dates of service 12/31/03 and before.)	Acquisition Cost	Acquisition Cost
J7303	NuvaRing contraceptive ring, each (for dates of service on and after 01/01/04)	40.19	40.19

*Claims billed with unlisted drug code J3490 must include the NDC and dose in field 19 of the hard copy HCFA-1500 claim form or the *Comments* section of the electronic HCFA-1500 claim form.

**NON-PRESCRIPTION OVER-THE-COUNTER (OTC)
BIRTH CONTROL METHODS**

Procedure Code	Brief Description	1/1/04 Maximum Allowable Fee	
		NFS	FS
A4267	Male Condom, each	Acquisition Cost	
A4268	Female Condom, each	Acquisition Cost	
A4269	Spermicide (e.g. foam, gel), each	Acquisition Cost	
<i>OTC products listed may not be available for billing MAA due to federal approval status.</i>			

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**Family Planning Services and
Family Planning Only Program**

INJECTABLE DRUGS AND INJECTION FEE

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)

Procedure Code	Brief Description	1/1/04 Maximum Allowable Fee	
		NFS	FS
90788	Injection of antibiotic	\$2.96	\$2.96
J0456	Azithromycin inj, 500 mg	22.98	22.98
J0580	Penicillin g benzathine inj	35.81	35.81
J0690	Cefazolin sodium inj, 500 mg	2.04	2.04
J0694	Cefoxitin sodium inj, 1 g	9.68	9.68
J0696	Ceftriaxone sodium inj, 250 mg	13.51	13.51
J0697	Sterile cefuroxime inj, 750 mg	5.81	5.81
J0698	Cefotaxime sodium inj, per gram	8.61	8.61
J0710	Cephapirin sodium inj, up to 1 g	1.41	1.41
J1200	Diphenhydramine hcl inj, up to 50 mg	1.46	1.46
J1890	Cephalothin sodium inj, up to 1 g	9.29	9.29
J2460	Oxytetracycline inj, up to 50 mg	0.91	0.91
J2510	Penicillin g procaine inj, to 600,000 u	8.69	8.69
J2540	Penicillin g potassium inj, to 600,000 u	0.26	0.26
J3320	Spectinomycin di-hcl inj, up to 2 g	25.59	25.59
Q0144	Azithromycin dihydrate, oral, 1 g	Acquisition Cost	Acquisition Cost

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